STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445235	A. BUILDING _____ B. WING _____	C 01/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOULEVARD TERRACE REHABILITATION AND NURSING HOME	1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to maintain an complete medical record for one (#8) of ten residents reviewed. The findings included: Medical record review revealed resident #8 was admitted to the facility on November 10, 2010, with diagnoses to include Crohn's Disease, Coronary Artery Disease, Dementia, Diabetes Mellitus, Hypertension, Peripheral Vascular Disease, and Coronary Artery Bypass Graft. Review of the Minimum Data Set dated August 30, 2011, revealed the resident scored a 10/15 on the Brief Interview for Mental Status; required assistance with transfers, dressing, grooming, and bathing; was incontinent of bowel and bladder; required set up for eating; and a	F 514	**4. Systems to monitor the effectiveness:** a) The Unit Managers and/or Team Leaders will random audit the ADL and Meal Intake/hydration documentation for a total of 20 residents weekly x4 weeks, then monthly thereafter with re-education as necessary. b) Findings will be reported monthly to the QA Committee: Administrator, Director of Nursing, Medical Director, Unit Managers, Restorative Manager, Nurse Educator, Social Services Director, Medical Records Nurse, Dietary Manager, Activity Coordinator, MDS Coordinator, Housekeeping Director, Therapy Manager, Maintenance Director, Admissions Coordinator, and Business Office Manager.	Ongoing Ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

for Duane Farnham 1/19/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to contin ed program participation.

JAN 20 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOULEVARD TERRACE REHABILITATION AND NURSING HOME	1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130

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F 514	Continued From page 1 wheelchair was used for locomotion. Medical record review revealed an unlabeled form on which the resident's intake at meals was documented. Continued review of this form revealed on November 1, 10, 15, 20, 23, 25, and 28, 2011, the resident's intake was 10 - 25% at lunch but there was no documentation of rehydration. Further review of the form revealed on November 1, 4, 5, 10, 20, 23, and 25, 2011, the resident's intake at dinner was 10 - 50% but there was no documentation of rehydration. Continued review of the form revealed on November 1, 3, 4, 7, 8, 9, 11, 12, 13, 14, 18, 20, 21, 22, 23,and 30, 2011, there was no documentation of rehydration during early morning care. Medical record review of the ADL (Activities of Daily Living) Flow Sheet revealed spaces for documentation each shift of the resident's ability to perform as well as the amount of support needed for bed mobility, transfer ability, eating, and toileting. Review of the data for the month of November revealed 216 blanks where the self performance and support provided were not documented for the resident. During interview on January 3, 2012, at 4:00 p.m., in the conference room, the Director of Nursing confirmed there were many times there was no documentation of the resident's ability to perform tasks, the staff support needed by the resident to perform the tasks and that fluids had been offered. The DON confirmed the medical record was incomplete and did not reflect the care that had been provided.	F 514	**F514** **1. Corrective action for residents affected:** a) Resident #8 discharged on 12/7/11. b) The DON and Nursing Supervisor completed an audit of ADL and Meal Intake/hydration documentation on current residents for compliance; deficient practices addressed with staff responsible for resident documentation. **2. Identification of others who could be affected by the deficient practice:** All residents have the potential to be affected by this practice. **3. Measures put in place to ensure deficient practice does not reoccur:** a) The Nurse Educator inserviced facility CNAs on daily ADL and Meal Intake/hydration documentation. New CNAs will be inserviced during the orientation process. b) Nurse Educator inserviced Unit Managers/Team Leaders on random audit for completion of ADL and Meal Intake/hydration documentation. New Unit Managers/Team Leaders will be inserviced during the orientation process.	1/10/12 1/20/12 1/20/12

JAN 20 2012